DOCUMENT RESUME

ED 433 735 HE 032 267

TITLE The Essentials of Baccalaureate Education for Professional Nursing Practice.
INSTITUTION American Association of Colleges of Nursing, Washington, DC.
PUB DATE 1998-03-00
NOTE 54p.
AVAILABLE FROM American Association of Colleges of Nursing, One Dupont Circle, NW, Suite 530, Washington, DC 20036-1120. Tel: 202-463-6930; Web site: <http://www.aacn.nche.edu>.
PUB TYPE Guides - General (050)
EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Academic Standards; Bachelors Degrees; Curriculum; Educational Trends; Higher Education; *Nursing Education; Professional Associations; Professional Education; Student Educational Objectives; *Undergraduate Study
IDENTIFIERS *American Association of Colleges of Nursing

ABSTRACT

This report presents recommendations of an American Association of Colleges of Nursing (AACN) task force which revised existing guidelines for nursing education. An introduction provides background information and notes major trends in health care and nursing. Also provided is a summary of the revision process which included two invitational roundtable meetings and regional meetings. The following section discusses the discipline of nursing and the role of nurses as a context for professional nursing education. The main section of the report addresses the essentials of a baccalaureate nursing program which are identified as a liberal education, professional values, core competencies, core knowledge, and role development. The professional values include altruism, autonomy, human dignity, integrity, and social justice. The core competencies identified are critical thinking, communication, assessment, and technical skills. Core knowledge is divided into the following areas: health promotion, risk reduction, and disease prevention; illness and disease management; information and health care technologies; ethics; human diversity; global health care; and health care systems and policy. Finally, role development involves roles as: provider of care, designer/manager/coordinator of care, and member of a profession. The final two sections address teaching methodologies and future directions. Three appendices identify individuals and institutions involved in the Nursing Skills Project. (Contains 55 references.) (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 433 735

THE ESSENTIALS

OF BACCALAUREATE EDUCATION

FOR THE PROFESSIONAL NURSE PRACTICE

HE 032 267

BEST COPY AVAILABLE

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

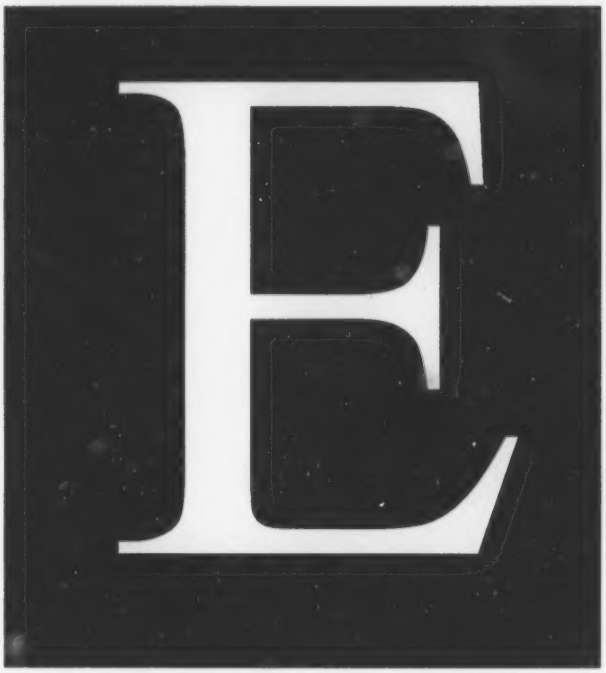
PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

American Assoc of Colleges of Nursing

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

1

AMERICAN ASSOCIATION OF COLLEGES OF NURSING



THE ESSENTIALS

OF BACCALAUREATE EDUCATION

FOR PROFESSIONAL NURSING PRACTICE

AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Copyright © 1998 by the American Association of Colleges of Nursing. All rights reserved. No part of this document may be reproduced in print, or by photostatic means, or in any other manner, without the express written permission of the Association.

American Association
of Colleges of Nursing

ONE DUPONT CIRCLE, NW, SUITE 530
WASHINGTON, DC 20036
(202) 463-6930 FAX (202) 785-8320

March 1998

The American Association of Colleges of Nursing is pleased to present *The Essentials of Baccalaureate Education for Professional Nursing Practice*. This document provides direction for the preparation of professional nurses for practice into the 21st century.

The *Essentials* is a comprehensive revision to AACN's landmark set of core standards for baccalaureate-degree nursing education first released in 1986. New realities of health care require nurses to master complex information, coordinate a variety of care experiences, use technology for health care delivery and evaluation of patient outcomes, and assist patients with managing an increasingly complex system of care. Just as the 1986 *Essentials* did for the past ten years, the new *Essentials* provides a framework for developing, defining, and revising baccalaureate nursing curricula.

In 1995 an AACN task force was charged to define the essential elements of baccalaureate education for professional nursing practice. As part of its forward-thinking strategy, the task force convened two interdisciplinary roundtable meetings to begin to define the role and critical competencies for professional nursing practice in the future health care system. Following these meetings, five regional meetings were held to provide a national forum for the development of a consensus-based document. All nursing educators, administrators, researchers, and clinicians interested in professional nursing education and practice were invited to participate in the regional meetings. Throughout the process, the document and updated revisions were placed on the AACN Web site. This enabled the nursing community at large to provide ongoing feedback.

Changes within the health care delivery system, shifting population demographics, and scientific advances require that nursing re-evaluate the roles and preparation of its future practitioners. Exciting and expanding roles and opportunities for professional nurses continue to be created. Nursing education must keep pace with these changes. We believe this document will have significant and extensive impact on baccalaureate nursing education for professional nursing practice in the evolving health care system.

Carole A. Anderson, PhD, RN, FAAN
President

AACN TASK FORCE ON THE ESSENTIALS OF BACCALAUREATE EDUCATION FOR PROFESSIONAL NURSING PRACTICE

Chairperson

Lea G. Acord, PhD, RN
Dean, College of Nursing
Montana State University
Bozeman, Montana

Members

Carolyn S. Gunning, PhD, RN
Dean, College of Nursing
Texas Woman's University
Denton, Texas

Betty M. Johnson, PhD, RN
Chair, Department of Nursing
Clinch Valley College of the
University of Virginia
Wise, Virginia

Kathleen A. Long, PhD, RN, CS, FAAN
Dean, College of Nursing
University of Florida
Gainesville, Florida

Sharon K. Mailey, PhD, RN
Brigadier General, USAFR, NC
Federal Nursing Services Council
Washington, District of Columbia

Staff

Joan M. Stanley, PhD, RN, CRNP
Director of Education Policy

Martha Mihaly
Special Projects Manager

TABLE OF CONTENTS

INTRODUCTION 1
- Background 1
- Influences on the Transformation of Health Care 1
- Purpose of the Document 2
- Operational Definitions 2

SUMMARY OF THE PROCESS 3

THE DISCIPLINE AND ROLE: A CONTEXT FOR PROFESSIONAL NURSING EDUCATION 4
- Discipline 4
- Role 4

PROFESSIONAL NURSING EDUCATION 6
- Liberal Education 7
- Professional Values 8
  - Altruism 8
  - Autonomy 8
  - Human Dignity 9
  - Integrity 9
  - Social Justice 9
- Core Competencies 9
  - Critical Thinking 9
  - Communication 10
  - Assessment 10
  - Technical Skills 11
- Core Knowledge 12
  - Health Promotion, Risk Reduction, and Disease Prevention 12
  - Illness and Disease Management 13
  - Information and Health Care Technologies 13
  - Ethics 14
  - Human Diversity 15
  - Global Health Care 15
  - Health Care Systems and Policy 15
- Role Development 16
  - Provider of Care 16
  - Designer/Manager/Coordinator of Care 16
  - Member of a Profession 17

TEACHING METHODOLOGIES AND STRATEGIES 17
- Selection of Course Content 18
- Active Learning Strategies 18

FUTURE DIRECTIONS 19

BIBLIOGRAPHY 21

Appendix A
Participants of Roundtable Meetings 26
Appendix B
States that Participated in the Regional Meetings 30
Schools of Nursing that Participated in the Regional Meetings 31
Professional Organizations that Participated in the Regional Meetings 43
Health Care Systems That Participated in the Regional Meetings 44

Appendix C
Members of Nursing Skills Project 45

INTRODUCTION

Background

In 1986, the American Association of Colleges of Nursing (AACN) membership endorsed the document, *Essentials of College and University Education for Professional Nursing*, which represented the first national effort to define the essential knowledge, values, and professional behaviors expected of the baccalaureate nursing graduate. This document has served as a framework for baccalaureate nursing education and has been used by thousands of baccalaureate nursing educators to develop, define, and revise nursing curricula. Because of the major changes that had occurred in the health care system, in 1995 the AACN Board of Directors appointed a task force to review the 1986 *Essentials* document for its relevance to current and future nursing practice.

Influences on the Transformation of Health Care

The delivery of health care services has changed dramatically over the past decade. Increases in longevity of life have made the 75-year-old-and-over population the fastest growing segment of the population (Hodgkinson, 1995). Hospital stays have been shortened markedly, with a concomitant growth in home care. The trend to move patients out of the hospital "quicker and sicker" has been augmented by the growth of managed care networks with a strong focus on the "bottom-line", i.e., lower costs for services delivered. Environments in which professional nurses practice have become more diverse. Scientific advances, particularly the human genome project, have had significant impact on prevention, diagnosis, and treatment, and also have resulted in major ethical dilemmas. Increased travel and advanced communication technologies have created a more global environment in which individuals live and work. Increased population worldwide, increased incidence of chronic diseases, and the increased incidence of infectious diseases have added to the complexities of the health care environment.

The following trends will continue to influence health care in general and nursing specifically:

- Technological advances will have a profound effect on disease prevention and detection, information management, and clinical decision making.
- Advances in genetic knowledge and interventions will have a major impact on the health status of individuals and populations.
- The increasingly aged population will bring new challenges related to lifelong health promotion and management of the chronically ill and those at the end of life.
- The increasing diversity of the U.S. population will require a broader understanding and appreciation of the influence on health of such factors as age, gender, culture, ethnicity, religion, lifestyle, and functional ability level.
- The nursing workforce will be more culturally diverse and more representative of the populations served (U. S. DHHS, Division of Nursing, March 1996, p. 8), and more nurses also will be working in cross-cultural settings.
- The public will continue to seek quality, accessibility, accountability, and cost-effectiveness in all aspects of their lives, including health care and education.

- The increasing complexity of the health care environment will require health practitioners to work in interdisciplinary teams.
- Major changes in the organization of the health care delivery system will continue to occur.
- Health care systems increasingly will focus on population-based care.
- An increasingly interconnected global environment will affect the health status of individuals and the delivery of health care.

These realities require nurses to master complex information, to coordinate a variety of care experiences, to use technology for health care delivery and evaluation of nursing outcomes, and to assist patients with managing an increasingly complex system of care. New and expanded roles and opportunities for professional nurses will continue to be created. Nursing education must keep pace with these changes, and new graduates must expect to continue learning in order to keep pace themselves.

Purpose of the Document

This document is designed to provide direction for the preparation of professional nurses for practice into the 21st century. It has been written primarily for baccalaureate nursing educators and nurse executives, but also will be of interest to others involved in employing nurses throughout the health care system. The document is intended to describe what can be expected of new nurses at the time of graduation from baccalaureate-degree nursing programs.

Nursing educators must design programs that allow students to acquire the described knowledge, skills, competencies, and values, and must evaluate graduates to ensure the achievement of desired outcomes at graduation. In addition, educators must prepare and motivate graduates for continued growth, development, and competence in their professional work setting. Nurse executives must foster work enrichments that support such ongoing professional development.

Operational Definitions

The term *professional nurse*, as used in this document, refers to that individual prepared with a minimum of a baccalaureate in nursing but is also inclusive of one who *enters* professional practice with a master's degree in nursing or a nursing doctorate. The *Essentials* document describes the educational preparation for, and expectations of, initial practice as a baccalaureate-prepared nurse.

Throughout the document the term *patient* is used to describe the recipient of nursing care or services. This term was selected for consistency and in recognition and support of the historically established tradition of the nurse-patient relationship. Patients may be individuals, families, groups, or communities. Further, patients may function in independent, interdependent, or dependent roles, and may seek or receive nursing interventions related to disease prevention, health promotion, or health maintenance, as well as illness and end-of-life care. Depending on the context or setting, patients may, at times, more appropriately be termed *clients* of nursing or *consumers* of nursing services.

SUMMARY OF THE PROCESS

In 1995, the AACN Board of Directors established a task force to review the 1986 *Essentials* document and, if needed, recommend revisions. Following review of the literature and consideration of changes occurring in health care, higher education, and health professional education, it was apparent to the task force that a major revision of the 1986 *Essentials* document was necessary. To that end, a two-phase process was used to provide interdisciplinary input and to develop consensus from the nursing community regarding the new document.

In the first phase, the task force met with 20 individuals in two invitational roundtable meetings. Participants were selected on the basis of their experience and expertise in areas relevant to nursing now and for the foreseeable future. These areas included cultural/ethnic diversity, ethics, genetics, gerontology, infectious diseases, health care financing, interdisciplinary practice, integrated health care delivery, liberal education, regulation, and rural health. Each roundtable panel comprised a strong interdisciplinary team, half of whose participants were nurses. (See Appendix A for a list of roundtable participants.) Participants were asked to identify, from their own perspectives, the anticipated role of the professional nurse in the future health care system and the critical competencies needed to function in this role. These wide-ranging and lively discussions served as the basis for development of a draft document that was shared with nursing professionals in the next phase.

Following the roundtable meetings, a series of regional meetings was convened to build consensus about the statements of role, essential competencies, core knowledge and professional values. Nurse educators, clinicians, administrators, and researchers—representing a range of nursing programs, specialties, and organizations—discussed, debated, and made recommendations regarding the draft document. Over 770 individuals, representing 49 states, the District of Columbia, and Puerto Rico, participated in the consensus-building process. In addition, 349 schools of nursing, 23 professional organizations, and 19 health care delivery systems were represented (see Appendix B). The participation of a range of nursing organizations was sought intentionally to ensure a broad base of nursing input. Nursing administrators and clinicians were included to ensure that the recommendations for nursing education would address future health care practice.

Participants at the roundtable meetings identified the need for a definitive list of psychomotor or technical skills basic to nursing practice. A panel of seven nurse executives and managers was created, reflecting nursing practice around the country, in both urban and rural sites, and across home care, ambulatory, and acute-care settings. (See Appendix C for a list of panel members.) This group developed a list of technical skills that every graduate of a baccalaureate nursing program should be expected to perform with reasonable skill and safety *upon graduation*. This list of technical skills is included as the core competency, "Technical Skills."

Throughout the process, the document and updated revisions were placed on the AACN Web site. This enabled AACN member schools and the nursing community at large to provide ongoing feedback. In October 1997, the document was presented to the AACN membership for comment and feedback. Based on these recommendations, the task force completed the final document in January 1998.

THE DISCIPLINE AND ROLE: A CONTEXT FOR PROFESSIONAL NURSING EDUCATION

Discipline

The nursing role is derived from the *discipline of nursing*. Nursing practice is built on nursing knowledge, theory, and research. In addition, nursing practice derives knowledge from a wide array of other fields and disciplines, adapting and applying this knowledge as appropriate to professional practice.

In the senior college and university setting, every academic discipline is based on a discrete scientific body of knowledge with unique and distinctive applications. This setting provides a forum for contemplating physical, social, behavioral, and ethical problems within and across disciplines. Nursing education programs in senior colleges and universities provide nursing faculty and students essential opportunities to participate in this collegial and interdisciplinary forum.

The three fundamental aspects of nursing practice are: care of the sick in and across all environments, health promotion, and population-based health care. In the future, a defining feature of the professional nursing role will be its increased focus on health promotion and risk reduction. As advances in science and technology allow us to predict future health problems, nurses will be called upon to design and implement measures to modify risk factors and promote engagement in healthy lifestyles. While professional nurses will continue to provide care to the sick, more nurses will be engaged in direct interaction with groups and communities for the purpose of health promotion and risk reduction, and in indirect care activities such as managing the care provided by others.

Role

Nurses are providers of care. In this role, nurses are patients' advocates and educators. Historically, the nursing role has emphasized partnership with patients—whether individuals, families, groups, or communities—in order to foster and support active participation in determining health care decisions. Patient advocacy is, and will continue to be, a hallmark of the professional nursing role, and requires that nurses deliver high quality care, evaluate care outcomes, and provide leadership in improving care.

Nurses learn to know patients within a professional context of privileged intimacy. Nurses recognize that clinical judgements have as much to do with values and ethics as they do with science and technology (AACN, October 1997). Nurses must be prepared for the numerous ethical dilemmas that will arise in practice, and must be able to make and assist others in making ethical decisions within a professional ethical framework. Understanding advances in science and technology and the influence these advances have on health care and on individual well-being is essential. Understanding patients and the values they bring to the health care relationship is equally important.

Nurses provide care to an increasingly diverse population. Essential to the care of diverse populations is enhanced knowledge and sensitivity to such variables as age, gender, culture, race, religion, socioeconomic status, and lifestyle choice. Nurses must be well prepared to care for the aging population and to help all individuals and families make decisions about life-extending technologies and treatments within the context of their values, as well as physical, emotional, and spiritual health parameters.

Nurses practice from a holistic base and incorporate bio-psycho-social and spiritual aspects of health. They must recognize the important distinction between disease and the individual's illness experience. Helping patients understand this distinction is an important aspect of nursing. In addition, nurses recognize that determining the health status of the patient within the context of the patients' values is essential in providing a framework for planning, implementing, and evaluating outcomes of care.

Nurses provide care in and across all environments. Nurses focus not only on individual-level health care, but also manage, monitor, and manipulate the environment to foster health. Nursing care requires knowledge and skill in biotechnology and information technology as these relate to direct nursing care, health education, and the management and coordination of care.

Nurses are designers, managers, and coordinators of care. Nurses must have the knowledge and authority to delegate tasks to other health care personnel, as well as supervise and evaluate these personnel. As health care providers who function autonomously and interdependently, nurses are responsible for professional identity and practice. Nurses are members of health care teams that deliver treatment and services in an evolving health care system. Nurses bring a unique blend of knowledge, judgement, skills, and caring to such teams. Self-awareness and self-evaluation are utilized to enhance professional relationships and improve communication.

In this role, nurses must also be information managers. As patient advocates and educators with state-of-the-art knowledge, nurses help patients acquire, interpret, and utilize information related to health care, illness, and health promotion. Health information available to patients is often overwhelming or confusing; nurses serve as information managers, assisting patients in accessing, understanding, evaluating and applying health-related information. Nurses also must be able to utilize research findings documenting the outcomes of care in designing and implementing care that is both of high quality and cost-effective.

Nurses are members of a profession. The use of the term *professional* implies the acquisition and use of a well-delineated and broad knowledge base for practice. Professional nursing requires strong critical thinking, communication and assessment skills, and the demonstration of a balance of intelligence, confidence, understanding, and compassion. Membership in the profession requires the development and acquisition of an appropriate set of values and an ethical framework. As advocates for high quality care for all individuals, nurses must be knowledgeable and active in the political and regulatory processes defining health care delivery and systems of care. Nurses also must be committed to life-long learning and be willing to assume responsibility for planning their professional careers, which increasingly will include graduate study as the route to advancement.

In summary, while the context and scope of nursing practice is changing significantly, the role of the beginning professional nurse continues to encompass three broad areas:

- provider of direct and indirect care to individuals, families, groups, communities, and populations;
- designer, manager, and coordinator of care; and
- member of a profession.

To implement this role fully, the nurse must:

- base practice on current knowledge, theory, and research;
- assume responsibility and accountability for practice;
- form partnerships with patients and with other health care professionals;
- serve as a member and leader within interdisciplinary health care teams;
- communicate, collaborate, and negotiate;
- practice across a variety of settings and with diverse populations;
- access, assemble, and evaluate health information;
- teach patients;
- advocate for patients within the health care delivery system;
- delegate and supervise patient care activities;
- allocate and manage physical, fiscal, and human resources;
- evaluate nursing care outcomes;
- participate in research and utilize research findings;
- assume responsibility for life-long learning and plan for professional career development;
- participate in political and regulatory processes; and
- participate in shaping the health care delivery system.

PROFESSIONAL NURSING EDUCATION

To prepare professional nurses for this multi-faceted role, several components are essential for all baccalaureate nursing programs. These components are liberal education, professional values, core competencies, core knowledge, and role development.

Liberal Education

Liberal learning provides a solid foundation for the development of clinical judgment skills required for the practice of professional nursing. While providing a framework of knowledge in the arts and sciences, liberal education also promotes critical thinking, the basis for clinical judgement and ethical decision making. Through liberal education, students encounter a diversity of thought that enables them to integrate varied perspectives and divergent experiences. Knowledge from the arts and sciences enables the professional person to develop and use personal standards, to make reasoned choices when evidence is scant or conflicting, and to articulate ideas effectively in written and spoken forms. Well-grounded liberal education helps ensure that nurses practice within a context of broad-based knowledge.

Liberal education is not a separate or distinct segment of professional education, but an integrated educational experience, recognized and valued as an ongoing, life-long process. Courses in the arts, sciences, and humanities provide a forum for the study of values, ethical principles, and the physical world as well as opportunities to reflect and apply knowledge gained to professional practice.

Many colleges and universities have adopted a liberal education core. This core provides an effective base of knowledge and cognitive skills for the educated person. Nursing students who participate in joint learning activities with students from other disciplines derive significant benefits from such exposure and contribute to the learning of students from other disciplines.

While specific courses and curricula will vary, nursing education must continue to include a strong base in the physical and social sciences as well as learning experiences in philosophy, the arts, and humanities. Recent and evolving trends in health care require particular emphasis on learning related to: economics, epidemiology, genetics, gerontology, global perspectives, and telecommunications.

The successful integration of liberal education and nursing education requires guidance from faculty to help students to build bridges between general concepts and nursing practice. Making these connections enables students to use what they have learned to understand situations in nursing practice. Students must be accountable for previous knowledge just as faculty are responsible for building on that foundation, facilitating cognitive skill development, and encouraging life-long learning.

Liberal education should provide the professional nurse with the ability to:

- develop and use higher-order problem-solving and critical thinking skills;
- integrate concepts from behavioral, biological, and natural sciences in order to understand self and others;
- interpret and use quantitative data;
- use the scientific process and scientific data as a basis for developing, implementing, and evaluating nursing interventions;
- apply knowledge regarding social, political, economic, and historical issues to the analysis of societal and professional problems;

- communicate effectively in a variety of written and spoken formats;
- engage in effective working relationships;
- appreciate cultural differences and bridge cultural and linguistic barriers;
- understand the nature of human values;
- develop and articulate personal standards against which to measure new ideas and experiences; and
- appreciate and understand the character of professions.

Professional Values

Baccalaureate education for professional nursing should facilitate the development of professional values and value-based behaviors. Values are beliefs or ideals to which an individual is committed and which are reflected in patterns of behavior. Professional values are the foundation for practice; they guide interactions with patients, colleagues, other professionals, and the public. Values provide the framework for commitment to patient welfare, fundamental to professional nursing practice.

Caring is a concept central to the practice of professional nursing. There are a variety of definitions and applications of caring; some are very broad, others are specific and specialized. Caring, as used here, encompasses the nurse's empathy for and connection with the patient, as well as the ability to translate these affective characteristics into compassionate, sensitive, appropriate care.

The values and sample professional behaviors listed below epitomize the caring, professional nurse. Nurses, guided by these values, demonstrate ethical behaviors in the provision of safe, humanistic health care. The sample behaviors are not mutually exclusive and may result from more than one value. Conversely, the value labels provided are intended to encapsulate a core set of values and behaviors that can be elaborated in a variety of ways.

Altruism is a concern for the welfare and well being of others. In professional practice, altruism is reflected by the nurse's concern for the welfare of patients, other nurses, and other health care providers. Sample professional behaviors include:
- demonstrates understanding of cultures, beliefs, and perspectives of others;
- advocates for patients, particularly the most vulnerable;
- takes risks on behalf of patients and colleagues; and
- mentors other professionals.

Autonomy is the right to self-determination. Professional practice reflects autonomy when the nurse respects patients' rights to make decisions about their health care. Sample professional behaviors include:
- plans care in partnership with patients;
- honors the right of patients and families to make decisions about health care; and
- provides information so patients can make informed choices.

Human Dignity is respect for the inherent worth and uniqueness of individuals and populations. In professional practice, human dignity is reflected when the nurse values and respects all patients and colleagues. Sample professional behaviors include:

- provides culturally competent and sensitive care;
- protects the patient's privacy;
- preserves the confidentiality of patients and health care providers; and
- designs care with sensitivity to individual patient needs.

Integrity is acting in accordance with an appropriate code of ethics and accepted standards of practice. Integrity is reflected in professional practice when the nurse is honest and provides care based on an ethical framework that is accepted within the profession. Sample professional behaviors include:

- provides honest information to patients and the public;
- documents care accurately and honestly
- seeks to remedy errors made by self or others; and
- demonstrates accountability for own actions.

Social Justice is upholding moral, legal, and humanistic principles. This value is reflected in professional practice when the nurse works to assure equal treatment under the law and equal access to quality health care. Sample professional behaviors include:

- supports fairness and non-discrimination in the delivery of care;
- promotes universal access to health care; and
- encourages legislation and policy consistent with the advancement of nursing care and health care.

Educational efforts and the process of socialization into the profession must build upon, and as appropriate, modify values and behavior patterns developed early in life. Values are difficult to teach as part of professional education. Nevertheless, faculty must design learning opportunities that support empathic, sensitive, and compassionate care for individuals, groups, and communities; that promote and reward honesty and accountability; that make students aware of social and ethical issues; and that nurture students' awareness of their own value systems, as well as those of others.

Core Competencies

Critical Thinking

Critical thinking underlies independent and interdependent decision making. Critical thinking includes questioning, analysis, synthesis, interpretation, inference, inductive and deductive reasoning, intuition, application, and creativity.

Course work or clinical experiences should provide the graduate with the knowledge and skills to:

- use nursing and other appropriate theories and models, and an appropriate ethical framework;
- apply research-based knowledge from nursing and the sciences as the basis for practice;
- use clinical judgement and decision-making skills;
- engage in self reflection and collegial dialogue about professional practice;
- evaluate nursing care outcomes through the acquisition of data and the questioning of inconsistencies, allowing for the revision of actions and goals;
- engage in creative problem solving.

Communication

Communication is a complex, ongoing, interactive process and forms the basis for building interpersonal relationships. Communication includes listening, as well as oral, nonverbal, and written communication skills.

Course work or clinical experiences should provide the graduate with the knowledge and skills to:

- demonstrate communication skills during assessment, intervention, evaluation, and teaching;
- express oneself effectively using a variety of media in a variety of contexts;
- assist patients to access and interpret the meaning and validity of health information;
- establish and maintain effective working relationships within an interdisciplinary team;
- adapt communication methods to patients with special needs, e.g., sensory or psychological disabilities;
- produce clear, accurate, and relevant writing;
- use therapeutic communication within the nurse-patient relationship;
- appropriately, accurately, and effectively communicate with diverse groups and disciplines using a variety of strategies;
- access and utilize data and information from a wide range of resources;
- provide relevant and sensitive health education information and counseling to patients;
- thoroughly and accurately document interventions and nursing outcomes; and
- elicit and clarify patient preferences and values.

Assessment

Assessment is gathering information about the health status of the patient, analyzing and synthesizing those data, making judgements about nursing interventions based on the findings, and evaluating patient care outcomes. Assessment also includes understanding the family, community, or population and utilizing data from organizations and systems in planning and delivering care.

Course work or clinical experiences should provide the graduate with the knowledge and skills to:

- perform a risk assessment of the individual including lifestyle, family and genetic history, and other risk factors;
- perform a holistic assessment of the individual across the lifespan, including a health history that includes spiritual, social, cultural, and psychological assessment, as well as a comprehensive physical exam;
- assess physical, cognitive, and social functional ability of the individual in all developmental stages, with particular attention to changes due to aging;
- evaluate an individual's capacity to assume responsibility for self care;
- perform a health assessment of the family;
- perform a community health risk assessment for diverse populations;
- perform an assessment of the environment in which health care is being provided; and
- use assessment findings to diagnose, plan, deliver, and evaluate quality care.

Technical Skills

Acquisition and use of technical skills are required for the delivery of nursing care. While the baccalaureate graduate must be adept at performing skills, major roles will also include teaching, delegating, and supervising the performance of skilled tasks by others. Consequently, graduates must approach their understanding and use of skills in a sophisticated theoretical and analytic manner. The acquisition of new skills is an ongoing component of the nursing career. Skill development should focus on the mastery of core scientific principles that underlie all skills, thus preparing the graduate to incorporate current and future technical skills into other nursing responsibilities, and apply skills in diverse contexts of health care delivery.

The teaching, learning, and assessment of any given skill should serve as an exemplar that focuses as much on helping the student learn the process for lifelong self-mastery of needed skills, as on the learning of the specific skill itself. The emphasis must be on helping students identify those skills essential for baccalaureate nursing practice and understanding the scientific principles that underlie the application of these skills.

The following skills are currently deemed essential for every graduate of a baccalaureate program. The graduate should be able to perform, teach, delegate, and supervise these skills with safety and competence. As nursing practice changes to meet the needs of contemporary health care delivery, required skills and expectations related to the graduate's competence must be reviewed and revised.

Course work or clinical experiences should provide the graduate with the knowledge and skills to:

- monitor and assess vital signs, including pulse and respiratory rates, temperature, pulse oximetry, blood pressure, and three-lead electrocardiogram;
- provide appropriate individual hygiene maintenance;

- apply infection control measures;
- assess and manage wounds, including irrigation, application of dressings, and suture/staple removal;
- provide and teach ostomy care;
- apply heating and cooling devices;
- apply and teach proper positioning and mobility techniques, including range of motion exercises, transferring, ambulating, and use of assistive devices;
- provide nursing care using proper safety techniques, including the use of call systems, identification procedures, appropriate use of restraints, and basic fire, radiation, and hazardous materials protection;
- administer CPR;
- perform specimen collection techniques;
- perform accurate intake and output calculations and recording;
- administer medications by all routes;
- initiate, assess, and regulate intravenous therapies;
- demonstrate the proper use and care for various therapeutic tubes and drains;
- provide comfort and pain reduction measures including positioning and therapeutic touch;
- provide care of the respiratory system, including chest physiotherapy, oxygen therapy, resuscitation, spirometry, and suctioning;
- provide teaching, and emotional and physical support in preparation for therapeutic procedures; and
- provide pre-operative and post-operative teaching and care.

Core Knowledge

Health Promotion, Risk Reduction, and Disease Prevention

Health promotion requires knowledge about health risks and methods to prevent or reduce these risks. Knowledge of the expected growth and development of individuals across the lifespan is essential. Disease prevention knowledge includes methods of keeping an illness or injury from occurring, diagnosing and treating a disease early in it course, and preventing further deterioration of an individual's functioning due to disease. Health promotion and disease prevention enable individuals to achieve and maintain an optimal level of wellness across the lifespan, and decrease disparities in health that exist across populations.

Course work or clinical experiences should provide the graduate with the knowledge and skills to:

- assess protective and predictive factors that influence the health of patients;
- assess genetic factors and risks that influence the health of individuals;
- foster strategies for health promotion, risk reduction, and disease prevention across the life span;

- recognize the need for and implement risk reduction strategies to address social and public health issues, including societal and domestic violence, family abuse, sexual abuse, and substance abuse;
- use information technologies to communicate health promotion/disease prevention information to the patient in a variety of settings;
- develop an awareness of complementary modalities and their usefulness in promoting health;
- assist patients to access and interpret health information to identify healthy lifestyle behaviors;
- initiate community partnerships to establish health promotion goals and implement strategies to meet those goals;
- evaluate the efficacy of health promotion and education modalities for use in a variety of settings and with diverse populations; and
- demonstrate sensitivity to personal and cultural definitions of health.

Illness and Disease Management

Illness and disease management requires knowledge about pharmacology, pathophysiology of disease, and assessment and management of symptoms across the lifespan. Also, knowledge about the social, physical, psychological, and spiritual responses of the individual and family/caregiver to disease and illness is required. The goal is to maximize the quality of life and maintain optimal level of functioning throughout the course of illness, including end of life.

Course work or clinical experiences should provide the graduate with the knowledge and skills to:

- assess and manage physical and psychological symptoms related to disease and treatment;
- assess and manage pain;
- administer pharmacological and non-pharmacological therapies;
- demonstrate sensitivity to personal and cultural influences on the individual's reactions to the illness experience and end of life;
- maintain, restore, and optimize an individual's level of functioning;
- anticipate and manage complications of disease progression;
- assist patients to achieve a peaceful end of life; and
- anticipate, plan for, and manage physical, psychological, social, and spiritual needs of the patient and family/caregiver.

Information and Health Care Technologies

Information technology includes traditional and developing methods of discovering, retrieving, and using information in nursing practice. Health care technology includes methods and equipment designed to provide assessment data and support anatomic and physiological function. Baccalaureate graduates intercede between the patient and technology; therefore, the ability to assess the need for, as well as the efficacy and use of technology is critical.

Course work or clinical experiences should provide the graduate with the knowledge and skills to:

- use information and communication technologies to document and evaluate patient care, advance patient education, and enhance the accessibility of care;
- use appropriate technologies in the process of assessing and monitoring patients;
- work in an interdisciplinary team to make ethical decisions regarding the application of technologies and the acquisition of data;
- adapt the use of technologies to meet patient needs;
- teach patients about health care technologies;
- protect the safety and privacy of patients in relation to the use of health care and information technologies; and
- use information technologies to enhance one's own knowledge base.

Ethics

Ethics includes values, codes, and principles that govern decisions in nursing practice, conduct, and relationships. Skill and knowledge in resolving conflicts related to role obligations and personal beliefs are necessary. Baccalaureate graduates must be able to identify potential and actual ethical issues arising from practice and assist patients in addressing such issues; therefore, knowledge of ethics and ethical decision making is critical.

Course work or clinical experiences should provide the graduate with the knowledge and skills to:

- clarify personal and professional values and recognize their impact on decision making and professional behavior;
- apply a professional nursing code of ethics and professional guidelines to clinical practice;
- apply an ethical decision-making framework to clinical situations that incorporates moral concepts, professional ethics, and law and respects diverse values and beliefs;
- apply legal and ethical guidelines to advocate for patient well-being and preferences;
- apply communication, negotiation, and mediation skills to the ethical decision-making process;
- demonstrate accountability for one's own practice;
- take action to prevent or limit unsafe or unethical health and nursing care practices by others; and
- enable individuals and families to make quality-of-life and end-of-life decisions and achieve a peaceful death.

Human Diversity

Human diversity includes understanding the ways cultural, racial, socioeconomic, religious, and lifestyle variations are expressed. Baccalaureate graduates must be able to apply knowledge of the effects these variations have on health status and response to health care.

Skills in a second language are highly desirable for graduates of baccalaureate nursing programs. Opportunities should be provided for students to learn languages and to integrate language skills into clinical practice.

Course work or clinical experiences should provide the graduate with the knowledge and skills to:

- understand how human behavior is affected by culture, race, religion, gender, lifestyle and age;
- provide holistic care that addresses the needs of diverse populations across the life span;
- work collaboratively with health care providers from diverse backgrounds;
- understand the effects of health and social policies on persons from diverse backgrounds; and
- advocate for health care that is sensitive to the needs of patients, with particular emphasis on the needs of vulnerable populations.

Global Health Care

Global health care knowledge includes an understanding of the implications of living with transportation and information technology that link all parts of the world. Information about the effects of the global community on such areas as disease transmission, health policy, and health care economics is required.

Course work or clinical experiences should provide the graduate with the knowledge and skills to:

- understand the global environment in which health care is provided; and
- modify patient care in response to global environmental factors (e.g., international law and international public health) or seek appropriate consultation in order to do so.

Health Care Systems and Policy

Knowledge of health care systems includes an understanding of the organization and environment in which nursing and health care is provided. Health care policy shapes health care systems and helps determine accessibility, accountability, and affordability.

Course work or clinical experiences should provide the graduate with the knowledge and skills to:

- understand how health care delivery systems are organized and financed, and the effect on patient care;

- identify the economic, legal, and political factors that influence health care delivery;
- participate in efforts to influence health care policy on behalf of patients or the profession;
- incorporate knowledge of cost factors in delivering care; and
- understand the effect of legal and regulatory processes on nursing practice and health care delivery.

Role Development

Provider of Care

The baccalaureate graduate uses theory and research-based knowledge in the direct and indirect delivery of care to patients, and in the formation of partnerships with patients and the interdisciplinary health care team.

Course work or clinical experiences should provide the graduate with the knowledge and skills to:

- integrate theory and research-based knowledge from the arts, humanities, and sciences to develop a foundation for practice;
- apply appropriate knowledge of major health problems and cultural diversity in performing nursing interventions;
- demonstrate knowledge of the importance and meaning of health and illness for the patient in providing nursing care;
- apply health care technologies to maximize optimal outcomes for patients;
- participate in research that focuses on the efficacy and effectiveness of nursing interventions;
- delegate and supervise the performance of nursing interventions;
- incorporate principles of quality management into the plan of care;
- utilize outcome measures to evaluate effectiveness of care;
- perform direct and indirect therapeutic interventions;
- develop a comprehensive plan of care in collaboration with the patient;
- serve as the patient's advocate;
- integrate care with other members of the interdisciplinary health care team; and
- evaluate and assess the usefulness in integrating traditional and complementary health care practices.

Designer/Manager/Coordinator of Care

The baccalaureate graduate is a health care designer, coordinator, and manager. Utilizing information from numerous sources, the professional nurse guides the patient through the health care system. Skills essential to this role development are communication, collaboration, negotiation, delegation, coordination, and evaluation of interdisciplinary work, and the application of outcome-based practice models.

Course work or clinical experiences should provide the graduate with the knowledge and skills to:

- assume a leadership role within one's scope of practice;
- coordinate and manage care to meet the special needs of vulnerable populations, including the frail elderly, in order to maximize independence and quality of life;
- coordinate the health care of individuals across the lifespan utilizing principles and knowledge of interdisciplinary models of care delivery and case management;
- delegate and supervise the nursing care given by others while retaining the accountability for the quality of care given to the patient;
- organize, manage, and evaluate the development of strategies to promote healthy communities;
- organize, manage, and evaluate the functioning of a team or unit;
- use appropriate evaluation methods to analyze the quality of nursing care; and
- utilize cost-benefit analysis and variance data in providing and evaluating care.

Member of a Profession

The baccalaureate graduate must have an understanding of the nurse as a professional, as well as knowledge and experiences that encourage the nurse to embrace lifelong learning, incorporate professionalism into practice, and identify with the values of the profession.

Course work or clinical experiences should provide the graduate with the knowledge and skills to:

- understand the history and philosophy of the nursing profession;
- incorporate professional nursing standards and accountability into practice;
- advocate for professional standards of practice using organizational and political processes;
- understand limits to one's scope of practice and adhere to licensure law and regulations;
- articulate to the public the values of the profession as they relate to patient welfare;
- negotiate and advocate for the role of the professional nurse as a member of the interdisciplinary health care team;
- develop personal goals for professional development; and
- participate in professional organizations, working to support agendas that enhance both high quality, cost-effective health care, and the advancement of the profession.

TEACHING METHODOLOGIES AND STRATEGIES

In today's health care system, graduates of baccalaureate programs are expected to practice at higher levels more quickly, with increased knowledge, and in a greater number of structured and unstructured settings. All nursing graduates will need skills and intellectual curiosity to continue learning throughout their professional careers. Many aspects of the teaching/learning process must be revised and refined. Two major components of teaching, *selection of course content*, and *strategies of active learning*, stand out as critical areas for revision and enhancement.

Selection of Course Content

Faculty decisions in selecting subject matter content are tied to goals and objectives of the specific course, students' prior nursing knowledge, placement of the course in the curriculum, and the instructor's expertise. When addressing course content, faculty must be selective in facts and details since nursing in the next century will rely increasingly on cognitive skills such as critical thinking and decision making.

When assessing specific course content, the following questions should be addressed:

- How does the content contribute to learning cognitive skills and clinical reasoning?
- How can the content be applied to related areas of practice?
- In what ways will specific concepts, such as pain, risk, and lack of function, contribute to expanded learning about nursing practice?
- Is content appropriate for students at this level?
- In what ways will the content contribute to advanced knowledge about nursing practice in this area?
- In what ways will the content contribute to life-long learning?

When selecting content, the primary emphasis of the course must also be considered. While the general focus necessarily will be nursing practice, other aspects such as health and genetic histories, pathology, and family impact may be addressed in varying degrees. These aspects can be used to stimulate thinking, reasoning, decision making, and discussion.

Including students in content selection increases their responsibility for learning and motivates them to go beyond minimal levels of learning. As faculty members become more selective of content, students' assistance in defining course content will continue to be important. Students, based on interest and potential career choices, should be responsible for selecting topics for written and oral reports, and for collaborating with faculty in identifying clinical practice sites that suit their needs and interests.

Finally, when determining course content, faculty innovation should be recognized. Differing textbooks, labs, and exams can meet the objectives of the same course, while acknowledging the abilities and preferences of the faculty.

Active Learning Strategies

The most effective method of stimulating students to learn is to engage them in active learning which comprises a number of different methods of involving students in their own learning.

Active learning strategies challenge faculty, as well as students. Day-to-day experiences (e.g., travel and research) serve as resources for active-learning activities. The following examples are ideas for motivating students to be creative, active participants in pursuit of their educational goals:

- support student attendance at workshops or meetings on individual topics, such as reading electrocardiograms or measuring patient care outcomes;
- use small group learning activities in a variety of formats, from semester-long community projects to short, 15-20 minute problem-focused sessions;
- use actual communications, such as written or verbal testimony to regulatory and legislative bodies, that are more engaging and relevant than those based on unknown groups of data or individuals; and
- use service-learning activities or community-based experiences in the humanities, social science, and physical science courses to lay the foundation for many of the professional nursing competencies.

Faculty must periodically re-evaluate and re-assess the efficacy of the teaching format, whether it is seminar, lecture, group discussion, or computer accessed learning. Thinking through the goal of the class and how it best can be achieved is a responsibility of faculty. While the overall goal should be attained via active learning, the choice of the route to achievement must vary according to content, students' needs, and faculty expertise.

FUTURE DIRECTIONS

The future holds significant opportunities to enhance the role of professional nurses as full participants in addressing the need for patient-sensitive, cost-effective, and outcome-oriented health care. Changes in the scope of practice, autonomy, and authority of advanced practice nurses over the past three decades provide examples of such opportunities. However, there are significant threats to the professional nursing role. The impetus to drive down costs, the development of multi-skilled workers, the use of unlicensed health care personnel, and the expanding scopes of practice among all providers, are important variables with potential to marginalize the role of professional nurses. Proactive measures must be taken to reduce threats or barriers to the full implementation of the professional nursing role.

In preparing this document as the "essentials" of professional nursing education for the 21st century, the task force encountered difficult questions, concerns, and issues that need to be addressed by nursing educators. We raise them here in an attempt to encourage informed discussions and debate, with the goal of resolution and decisions to meet the needs of future generations of nurses.

One cannot review this document, the literature, or expert consultation without raising the issue of reasonable expectations. As knowledge and practice expand, can we possibly prepare beginning-level professional nurses for the future in a four-year time frame? Can we continue in a manner so disparate from our colleagues in other health professions who have moved to entry-level post-baccalaureate professional degrees or other *graduate* education requirements for entry into practice? Options that arise for consideration include a change in our generalist notion of baccalaureate graduates. Perhaps there should be a focus on only selected areas of practice. This option, however, appears to raise as many concerns as it resolves. For example, if only selected areas, which ones, who decides, and do they vary across programs? Another option is the

inclusion of mandated and structured internships that follow the baccalaureate program, but precede licensure for practice. In the background of these considerations remains the profession's most difficult issue, still unresolved: What should be the *minimum* educational preparation for professional nursing practice and licensure in the future?

A half century ago, professional nursing leaders, in considering the future of health care and the preparation necessary for nurses to address these challenges, boldly launched the movement to locate nursing education in collegiate rather than hospital settings. That action has probably been the single most influential factor in advancing the profession during the twentieth century. The action was controversial, disrupted the status quo, and required nursing leaders to move beyond their own backgrounds, experience, and work settings to pioneer a new educational approach for future nurses. We are now facing a similar decision point for the profession. Increasingly, we see the development of programs that prepare *entry* level nursing professionals with graduate degrees (e.g., the nursing doctorate and the generic master's program). These programs are able to build on a broad base of education already acquired by students and then focus on several years of professional nursing education. These innovative models provide us with a variety of graduate education approaches for professional entry, and they need to be carefully examined and evaluated.

Baccalaureate nursing education has served nurses, patients, and the health care system well over the past half century. No informed person, however, can review the recent history of health care and nursing practice without noting the remarkable changes and the accelerating rate of change. The decisions we make or fail to make regarding nursing education today will determine whether those who come after us will be able to continue the tradition of professional nursing within the context of 21st century health care delivery.

BIBLIOGRAPHY

References Cited in Text

American Association of Colleges of Nursing. (1986). *Essentials of college and university education for professional nursing, final report.* Washington, DC: Author.

American Association of Colleges of Nursing. (October, 1997). *Position statement, vision of baccalaureate and graduate nursing education: The next decade.* Washington, DC: Author.

Gaff, J. G., Ratcliffe, J. L., et al. (1996). *Handbook of the undergraduate curriculum: A comprehensive guide to purposes, structures, practices, and change.* San Francisco, CA: Jossey-Bass.

Hodgkinson, H. L. (1995). America's changing population pulse: What it means for nursing. *Syllabus*, September 10, 1995. Washington, DC: American Association of Colleges of Nursing.

Makowski, D. R. (1996). The human genome project and the clinician. *Journal of the Florida Medical Association,* 83 (5), 307-314.

U. S. Department of Health and Human Services, Division of Nursing. (March 1996). *The registered nurse population: Findings from the national sample survey of registered nurses.* Washington, DC: Author

Suggested Reading

American Academy of Pediatrics. In G. Peter, (ed). (1994). *1994 Red Book: Report of the committee on infectious diseases, 23rd edition.* Elk Grove Village, IL: American Academy of Pediatrics.

American Association of Colleges of Nursing. (1996). *The essentials of master's education for advanced practice nursing.* Washington, DC: Author.

American Association of Colleges of Nursing, American Organization of Nurse Executives, and National Organization for Associate Degree Nursing. (1995). *A model for differentiated nursing practice.* Washington, DC: American Association of Colleges of Nursing.

American Association of Colleges of Nursing. (1988). *RN baccalaureate nursing education, 1986-1988.* Washington, DC: Author.

American Association of Critical Care Nurses Certification Corporation. (1995). Redefining nursing according to patients' and families' needs: An evolving concept. *AACN Clinical Issues*, 6(1), 153-156.

American Nurses Association. (1985). *Code for nurses with interpretive statements*. Washington, DC: Author.

American Nurses Association. (1995). *Nursing's social policy statement*. Washington, DC: American Nurses Publishing.

American Organization of Nurse Executives Commission on Practice and Environment. (1996). *The evolving role of the registered nurse*. Chicago: Author.

Anders, R. L., Douglas, D. M., & Harrigan, R. C. (1995). Competencies of new registered nurses: A survey of deans and health care agencies in the state of Hawaii. *Nursing Connections, 8,* (3), 5-16.

Bikson, T. K. (1996). Educating a globally prepared workforce new research on college and corporate perspectives. *Liberal Education*, 82(2), *Spring 1996,* 12-19.

Butts, J. B., & Brock, A. (1996). Optimizing nursing through reorganization: Mandates for the new millennium. *Nursing Connections, 9, (4), Winter, 1996.* 17-24.

Cross, T. L., Bazron, B. J., Dennis, K., & Isaacs, M. R. (1989). *Towards a culturally competent system of care, volume I& II.* Washington, DC: National Institute of Mental Health, Child and Adolescent Service System Program.

del Bueno, D. J. (1994). Why can't grads think like nurses? *Nurse Educator, 19,* (4), 9-11.

Curley, M. (1996). The synergy model of certified practice: Creating safe passage for patients. *Critical Care Nurse*, 16(4), 95-99.

Esparza, D., Rickelman, B., & Fox, J. (1996). Preparing psychiatric mental health nurses for the future, a baccalaureate curriculum design. *Nurse Educator*, 21(6), 13-17.

Fry, S. T. (1994). *Ethics in nursing practice: a guide to ethical decision making.* Geneva, Switzerland: International Congress on Nursing.

Fulmer T. F., & Matzo, M. (Eds.). (1995). *Strengthening geriatric nursing education.* New York: Springer Publishing Co.

Gebbie, K. M. (1996). Preparing currently employed public health nurses for changes in the health system: Meeting report and suggested action steps. November 18, 1996. Report based on a meeting held in Atlanta, Georgia July 11, 1996, sponsored by Columbia University School of Nursing, Center for Health Policy and Health Services Research, and supported by a grant from the Robert Wood Johnson Foundation.

George, J. B. (1992). Genetics: Challenges for nursing education. *Journal of Pediatric Nursing, 7,* (1), 5-8.

Guyer, M. S., et al. (1993). The human genome project and the future of medicine. *American Journal of the Diseases in Childhood,* 147, 1145-1151.

Hart, S. E. (1995). Curriculum for managed care. Washington, DC: American Nurses Foundation.

Hegge, M. (1995). Restructuring registered nurse curricula. *Nurse Educator*, *20*, (6), 39-44.

Johnson, J. Y. (1995). Curricular trends in accredited generic baccalaureate nursing programs across the United States. *Journal of Nursing Education*, *34*, (2), 53-60.

Joint Commission on Accreditation of Healthcare Organizations. (1996). *1996 Accreditation manual for hospitals, volume I standards.* Oak Brook, IL: Author.

Joint Commission on Accreditation of Healthcare Organizations. (1996). Collaborating for change in health professions education. *Journal on Quality Improvement*, 22(3), March 1996.

Jones, E. A. (May 1995). National center for education statistics national assessment of college student learning: Identifying college graduates' essential skills in writing, speech and listening, and critical thinking. Washington, DC: U.S. Department of Education, Office of Educational Research and Improvement.

Loaker, G., & Mentowski, M. (1993). Creating a culture where assessment improves learning. *Making a difference: Outcomes of a decade of assessment in higher education.* San Francisco, CA: Banta and Associates, Jossey-Bass, 5-24.

Lockhart, J. S., & Resick, L. K. (1997). Teaching cultural competence, the value of experiential learning and community resources. *Nurse Educator*, *22*(3), 27-31.

Manuel, P., & Sorenson, L. (1995). Changing trends in healthcare: Implications for baccalaureate education, practice and employment. *Journal of Nursing Education, 34*, (6), 248-253.

Moss, M. T. (1995). Principles, values, and ethics set the stage for managed care nursing. *Nursing Economics, 13*(5), 276-284, 294.

Mundt, M. H. (1997). A model for clinical learning experiences in integrated health care networks. *Journal of Nursing Education, 36, (7)*, 309-316.

National Academy of Sciences, National Academy of Engineering, Institute of Medicine, & National Research Council. (1997). *Preparing for the 21st century: focusing on quality in a changing health care system.* Washington, DC: Author.

National Council of State Boards of Nursing, Inc. (1996). *A model for nursing competencies.* Chicago, IL: Author.

National Council of State Boards of Nursing. (1995). Looking out, looking in. Summary of a meeting on the regulatory system for nursing, October 1, 1995.

National Student Nurses' Association, Inc. (1997). *Resolutions 1997.* p. 26.

Norbeck, J. S., Connolly, C., & Koerner, J. (Eds.). (1998). *Caring and community: Concepts and models for service-learning in nursing.* Washington, DC: American Association of Higher Education.

Oermann, M. (1994). Reforming nursing education for practice. *Journal of Nursing Education, 33,* (5), 215-219.

Pew Health Professions Commission. (1995). *The third report of the Pew Health Professions Commissions—Critical challenges: Revitalizing the health professions for the 21st century.* San Francisco: UCSF Center for the Health Professions.

Pridham, K., & Broome, M. (1994). *Standards and guidelines for pre-licensure and early professional education for the nursing care of children and their families.* Washington, DC: Maternal and Child Health Bureau, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services.

Redman, B. K., & Cassells, J. M., Eds. (1990). *Educating RNs for the baccalaureate, programs and issues.* New York: Springer Publishing Company.

Saba, V. K., & McCormick, K. A. (1996) *Essentials of computers for nurses, 2nd edition.* New York: McGraw-Hill Co.

Saulo, M., & Wagener, R. (1996) How good case managers make tough choices: Ethics and mediation. *The Journal of Care Management, 2*(1), 8-16+.

Scanlon, C., & Fibison, W. (1995). *Managing genetic information implications for nursing practice.* Washington, DC: American Nurses Association.

Sigma Theta Tau International. (1996). *Nursing leadership in the 21st century,* A report of ARISTA II Healthy People: Leaders in Partnership. Indianapolis, IN: Center Nursing Press Sigma Theta Tau International.

Society of Pediatric Nurses, American Nurses Association. (1996). *Statement on the scope and standards of pediatric clinical nursing practice.* Washington, DC: American Nurses Publishing.

Soule B.M. and Larson, E.L. (1995). *Infection and nursing practice: Prevention and control.* Saint Louis: Mosby Year Book.

Wilfinson, J.M. (1996). The c word a curriculum for the future. *Nursing & Health Care: Perspective on Community, 17* (2), 72-77.

Wright, M. da Gloria Miotto, & Korniewicz, D. M. (1997). *Series 4: Study of international health activities at schools of nursing in the United States and some schools in Latin America and the Caribbean.* Washington, DC: Pan American Health Organization.

Zlotkowski, E. (1996). A new voice at the table? Linking service-learning and the academy. *Change*, January/February 1996. 21-27.

Appendix A

The Essentials of Baccalaureate Education for Professional Nursing Practice

Participants of Roundtable Meetings[1]

	Areas of Expertise
Keith Blayney, PhD Professor Emeritus University of Alabama-Birmingham Birmingham, AL	Allied health; Interdisciplinary education and practice
Carmella Bocchino[2] American Association of Health Plans Washington, DC	Integrated health plans and delivery systems
Paula Brownlee President Association of American Colleges and Universities Washington, DC	Liberal education
Joan K. Burns, MS, MSSW Clinical Professor Department of Medical Genetic University of Wisconsin Madison, WI	Genetics education for health professionals
Arlene Butz, RN, CPNP, ScD Assistant Professor Johns Hopkins University School of Medicine and Nursing Baltimore, MD	Infectious/communicable diseases

Sara T. Fry, PhD, RN, FAAN Henry R. Luce, Professor of Nursing Ethics Boston College School of Nursing Chestnut Hill, MA	Ethics
Ted Holloway, MD Director Southeast Health District Georgia Division of Public Health Waycross, GA	Public Health; rural health
Charles Inlander President People's Medical Society Allentown, PA	Consumer advocate
Linda Jensen, RN, MSN Director, Distance Learning Kaiser Permanente-California Division Oakland, CA	Managed care and health care delivery systems; distance education
Mathy Mezey, EdD, FAAN Director, John A. Hartford Institute for the Advancement of Geriatric Nursing Practice, New York University Division of Nursing Professor of Nursing Education, Independence Foundation New York, NY	Gerontology
Maura Mitchell, MA, MED Boston Medical Center Boston, MA	Managed care and health care delivery systems
Nancy Molter, RN, MN, CCRN Cardiovascular Clinical Nurse Specialist St. Luke's Baptist Hospital San Antonio, TX	Acute/critical care nursing

Steve R. Orr, MHA Chairman, President and CEO Lutheran Health Systems Fargo, ND	Managed care and health care systems
Marcia M. Rachel, RN, PhD Executive Director Mississippi Board of Nursing Jackson, MS	Regulation of health professionals
Warren Ross, MD Executive Associate VP University of Florida Gainesville, FL	Interdisciplinary education and practice
Virginia K. Saba, EdD, RN, FAAN, FACMI Clinical Associate Professor Georgetown University School of Nursing Washington, DC Professor, USUHS Graduate School of Nursing Bethesda, MD	Health care information systems
Betty Smith-Williams, Dr.P.H., RN, FAAN President National Black Nurses Association Los Angeles, CA	Cultural/ethnic diversity
André B. Van Niekerk, PhD Executive Director MBA Programs, Pepperdine University Faculty, Center of Excellence in Health Care Management, University of S. California President, Health Advantage Glendale, CA 91023	Future health care and health care systems

Antonia M. Villarruel, PhD, RN President National Association of Hispanic Nurses, Washington, DC Assistant Professor, University of Pennsylvania, School of Nursing Philadelphia, PA	Cultural/ethnic diversity
Robyn Walsh Senior VP Health Delivery Aetna U.S. Healthcare Blue Bell, PA	Payors/integrated health care

Meeting Facilitator
Mary E. Peterson
Director of Development
College of Nursing
Montana State University
Bozeman, Montana

[1] Participants invited to participate as individuals, not as official representatives of the organization.
[2] Invited but unable to attend.

Appendix B

The Essentials of Baccalaureate Education for Professional Nursing Practice

States that Participated in the Regional Meetings (N=49)

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Virginia
Washington
West Virginia
Wisconsin
Wyoming

The District of Columbia and
Puerto Rico also were represented.

Schools of Nursing that Participated in the Regional Meetings (N=349)

Allegheny University of the Health Sciences
Philadelphia, Pennsylvania

Allentown College of St. Francis de Sales
Center Valley, Pennsylvania

Alverno College
Milwaukee, Wisconsin

Anderson University
Anderson, Indiana

Angelo State University
San Angelo, Texas

Arizona State University
Tempe, Arizona

Arkansas State University
State University, Arkansas

Arkansas Tech University
Russellville, Arkansas

Ashland University
Ashland, Ohio

Auburn University
Auburn University, Alabama

Augustana College
Sioux Falls, South Dakota

Aurora University
Aurora, Illinois

Avila College
Kansas City, Missouri

Azusa Pacific University
Azusa, California

Ball State University
Muncie, Indiana

Baptist College of Health Sciences
Memphis, Tennessee

Barat College and Finch University of Health Sciences
North Chicago, Illinois

Barry University
Miami Shores, Florida

Barton College
Wilson, North Carolina

Baylor University
Dallas, Texas

Beebe School of Nursing
Lewes, Delaware

Belmont University
Nashville, Tennessee

Bethel College of Kansas
North Newton, Kansas

Bethune-Cookman College
Daytona Beach, Florida

Binghamton University
Binghamton, New York

Blessing-Rieman College of Nursing
Quincy, Illinois

Bloomfield College
Bloomfield, New Jersey

Bloomsburg University
Bloomsburg, Pennsylvania

Boise State University
Boise, Idaho

Boston College School of Nursing
Chestnut Hill, Massachusetts

Bowie State University
Bowie, Maryland

Bradley University
Peoria, Illinois

Brigham Young University
Provo, Utah

California State University Dominguez Hills
Carson, California

California State University-Long Beach
Long Beach, California

Calvin College Hope-Calvin
Grand Rapids, Michigan

Capital University
Columbus, Ohio

Cardinal Stritch College
Milwaukee, Wisconsin

Carlow College
Pittsburg, Pennsylvania

Carroll Columbia College of Nursing
Milwaukee, Wisconsin

Carson-Newman College
Jefferson City, Tennessee

Catholic University
Washington, District of Columbia

Central Methodist College
Fayette, Missouri

Clayton College & State University
Morrow, Georgia

Clemson University
Clemson, South Carolina

Clinch Valley College of the UVA
Wise, Virginia

College Misericordia
Dallas, Pennsylvania

College of Lake County
Grayslake, Illinois

College of Mt St Vincent
Riverdale, New York

College of New Rochelle
New Rochelle, New York

Michigan State University
East Lansing, Michigan

College of Saint Benedicts/Saint Johns U.
St. Joseph, Minnesota

College of St. Scholastica
Duluth, Minnesota

Columbus State University
Columbus, Georgia

Concordia-West Suburban
College of Nursing
Oak Park, Illinois

Concordia University Wisconsin
Mequon, Wisconsin

Coppin State College
Baltimore, Maryland

Creighton University
Omaha, Nebraska

Decker School of Nursing
Binghamton, New York

Delaware State University
Dover, Delaware

DePaul University
Chicago, Illinois

Dillard University
New Orleans, Louisiana

Dominican College
San Rafael, California

Duquesne University
Pittsburg, Pennsylvania

East Carolina University
Greenville, North Carolina

East Tennessee State University
Johnson City, Tennessee

East Texas Baptist University
Marshall, Texas

Eastern College
St. Davids, Pennsylvania

Edgewood College
Madison, Wisconsin

Elmira College
Elmira, New York

Emmanuel College
Boston, Massachusetts

Emory University
Atlanta, Georgia

Emporia State University
Emporia, Kansas

Endicott College
Beverly, Massachusetts

Fairfield University
Fairfield, Connecticut

Florida A & M University
Tallahassee, Florida

Florida Atlantic University
Boca Raton, Florida

Florida Gulf Coast University
Ft. Myers, Florida

Florida Southern College
Lakeland, Florida

Florida State University
Tallahassee, Florida

Fort Hays State University
Hays, Kansas

George Mason University
Fairfax, Virginia

Georgetown University
Washington, District of Columbia

Georgia Baptist College of Nursing
Atlanta, Georgia

Georgia Southern University
Statesboro, Georgia

Gonzaga University
Spokane, Washington

Goshen College
Goshen, Indiana

Grand Valley State University
Allendale, Michigan

Texas Christian University
Fort Worth, Texas

Hartwick College
Oneonta, New York

Henderson State Nursing Department
Arkadelphia, Arizona

Holy Family College
Philadelphia, Pennsylvania

Holy Names College
Oakland, California

Howard University
Washington, District of Columbia

Humboldt State University
Arcata, California

Hunter College of State University of New York
New York, New York

Ida V. Moffett School of Nursing
Birmingham, Alabama

Idaho State University
Pocatello, Idaho

Illinois Wesleyan University
Bloomington, Illinois

Indiana University Northwest
Gary, Indiana

Indiana University of Pennsylvania
Indiana, Pennsylvania

Indiana University
Indianapolis, Indiana

Indiana University-South Bend
South Bend, Indiana

Indiana University Southeast
New Albany, Indiana

Intercollegiate Center for Nursing Education
Spokane, Washington

Jacksonville University
Jacksonville, Florida

James Madison University
Harrisonburg, Virginia

Jersey City State College
Saten Island, New York

Jewish Hospital College of Nursing and Allied Health
St. Louis, Missouri

Johns Hopkins University
Baltimore, Maryland

Kansas University
Kansas City, Kansas

Keene State College
Keene, New Hampshire

Kent State University
Kent, Ohio

La Salle University
Philadelphia, Pennsylvania

LA State Board of Nursing
Metairie, Louisiana

Lakeview College of Nursing
Danville, Illinois

Lamar University
Beaumont, Texas

Lander University
Greenwood, South Carolina

Lewis University
Romeoville, Illinois

Linfield College
Portland, Oregon

Loma Linda University
Loma Linda, California

Louisiana College
Pineville, Louisiana

Loyola University
Chicago, Illinois

Lubbock Christian University
Lubbock, Texas

Lutheran College
Fort Wayne, Indiana

Lynchburg College
Lynchburg, Virginia

MacMurray College
Jacksonville, Illinois

Mansfield University
Mansfield, Pennsylvania

Marian College
Fond du Lac, Wisconsin

Marquette University
Milwaukee, Wisconsin

Medcenter One College of Nursing
Bismarck, North Dakota

Medical College of Georgia
Augusta, Georgia

Medical College of Ohio
Toledo, Ohio

Medical University of South Carolina
Charleston, South Carolina

Mercy College of Northwest Ohio
Toledo, Ohio

Mesa State College
Grand Junction, Colorado

Messiah College
Grantham, Pennsylvania

Metropolitan State University
St. Paul, Minnesota

Miami University
Hamilton, Ohio

Midwestern State University
Wichita Falls, Texas

Mississippi University for Women
Columbus, Mississippi

Missouri Western State College
St. Joseph, Missouri

MN Intercollegiate Nursing Consortium
Northfield, Minnesota

Molloy College
Rockville CTR, New York

Monmouth University
West Long Branch, New Jersey

Montana State University
Bozeman, Montana

Moorhead State University
Moorhead, Minnesota

Mount Aloysius
Cresson, Pennsylvania

Mount Marty College
Yankton, South Dakota

Mount Saint Mary College
Newburgh, New York

Mount St. Mary's College
Los Angeles, California

MSOE School of Nursing
Milwaukee, Wisconsin

Mount Carmel College of Nursing
Columbus, Ohio

Mt. Mercy College
Cedar Rapids, Iowa

New Mexico State University
Las Cruces, New Mexico

New York University
New York, New York

Niagara University
Niagara University, New York

Nicholls State University
New Orleans, Louisiana

North Carolina Central University
Durham, North Carolina

Northeast Louisiana University
Monroe, Louisiana

Northeastern State University
Tahlequah, Oklahoma

Northern Arizona University
Flagstaff, Arizona

Northern Illinois University
DeKalb, Illinois

Northwestern State University
Shreveport, Louisiana

Oakland University
Rochester, Michigan

Oregon Health Sciences University at EOSC Campus
Labrande, Oregon

Oregon Health Sciences University at OIT
Klamath Falls, Oregon

Oregon Health Sciences University
Portland, Oregon

Oklahoma Baptist University
Shawnee, Oklahoma

Old Dominion University
Norfolk, Virginia

Oregon Health Sciences University/CROET
Portland, Oregon

Otterbein College
Westerville, Ohio

Our Lady of Holy Cross College
New Orleans, Louisiana

Our Lady of the Lake College
Baton Rouge, Louisiana

Pace University
Pleasantville, New York

Pacific Lutheran University
Tacoma, Washington

Purdue University-Calumet
Hammond, Indiana

Purdue University
West Lafayette, Indiana

Regents College
Albany, New York

Regis University
Denver, Colorado

Research College of Nursing
Kansas City, Missouri

Rhode Island College
Providence, Rhode Island

Rush University
Chicago, Illinois

Rutgers, The State University of New Jersey
Newark, New Jersey

Saginaw Valley State University
University Center, Michigan

Saint Anselm College
Manchester, New Hampshire

Saint Anthony College of Nursing
Rockford, Illinois

Saint Joseph College
West Hartford, Connecticut

Saint Louis University
St. Louis, Missouri

Saint Mary's College
Notre Dame, Indiana

Saint Xavier University
Chicago, Illinois

Salem State College
Salem, Massachusetts

Salve Regina University
Newport, Rhode Island

Samuel Merritt College
Oakland, California

San Francisco State University
San Francisco, California

San Jose State University
San Jose, California

Seattle Pacific University
Seattle, Washington

Seattle University
Seattle, Washington

Shands Hospital at the University of Florida
Gainesville, Florida

Southern Illinois University at Edwardsville
Edwardsville, Illinois

Slippery Rock University of Pennsylvania
Slippery Rock, Pennsylvania

South Dakota State University
Brookings, South Dakota

South Plains College
Leveland, Texas

Southeast Missouri State University
Cape Girard Eau, Missouri

Southern Connecticut State University
New Haven, Connecticut

Southern Nazarene University
Bethany, Oklahoma

Southern University at A & M College
Baton Rouge, Louisiana

Southwest Baptist University
Springfield, Missouri

Southwestern College
Winfield, Kansas

Southwestern Oklahoma State University
Weatherford, Oklahoma

Spalding University
Louisville, Kentucky

SUNY/Buffalo
Buffalo, New York

SUNY/Institute of Technology
Utica, New York

Syracuse University
Syracuse, New York

Tarrant County Jr. College
Ft. Worth, Texas

Temple University
Philadelphia, Pennsylvania

Tennessee State University
Nashville, Tennessee

Texas A & M University
Corpus Christi, Texas

Texas A&M International University
Laredo, Texas

Texas Christian University
Fort Worth, Texas

Texas Tech University Health Sciences Center
Lubbock, Texas

Texas Woman's University
Denton, Texas

The Catholic University of America
Washington, District of Columbia

The Medical College of Georgia
Augusta, Georgia

The Ohio State University
Columbus, Ohio

The University of Alabama
Capstone College of Nursing
Tuscaloosa, Alabama

Thomas Jefferson University
Philadelphia, Pennsylvania

Towson State University
Towson, Maryland

Trinity Christian College
Palos Heights, Illinois

Troy State University
Troy, Alabama

Truman State University
Kirksville, Missouri

University of Puerto Rico
San Juan, Puerto Rico

UCHSC School of Nursing
Denver, Colorado

UNCG School of Nursing
Greensboro, North Carolina

Union University
Jackson, Tennessee

University of Akron
Akron, Ohio

University of Detroit Mercy
Detroit, Michigan

University of Iowa
Iowa City, Iowa

University of North Carolina at Pembroke
Pembroke, North Carolina

University Hospital
San Antonio, Texas

University of Akron
Akron, Ohio

University of Alabama at Birmingham
Birmingham, Alabama

University of Alabama in Huntsville
Huntsville, Alabama

University of Alabama-Birmingham
Birmingham, Alabama

University of Alaska Anchorage
Anchorage, Alaska

University of Arizona
Tucson, Arizona

University of Arkansas
Fayetteville, Arkansas

University of California-San Francisco
San Francisco, California

University of Central Arkansas
Conway, Arkansas

University of Central Florida
Orlando, Florida

University of Central Oklahoma
Edmond, Oklahoma

University of Cincinnati
Cincinnati, Ohio

University of Colorado
Denver, Colorado

University of Delaware
Newark, Delaware

University of Evansville
Evansville, Indiana

University of Florida
Gainesville, Florida

University of Hawaii
Honolulu, Hawaii

University of Illinois at Chicago
Chicago, Illinois

University of Illinois at Springfield
Springfield, Ilinois

University of Indianapolis
Indianapolis, Indiana

University of Kansas
Kansas City, Kansas

University of Kentucky
Lexington, Kentucky

University of Louisville
Louisville, Kentucky

University of Maine
Orono, Maine

University of Mary
Bismarck, North Dakota

University of Maryland at Baltimore
Baltimore, Maryland

University of Massachusetts Boston
Boston, Massachusetts

University of Memphis
Memphis, Tennessee

University of Miami
Coral Gables, Florida

University of Michigan
Ann Arbor, Michigan

University of Minnesota
Minneapolis, Minnesota

University of Missouri -St. Louis
St. Louis, Missouri

University of Missouri-Columbia
Columbia, Missouri

University of Missouri-Kansas City
Kansas City, Missouri

University of Nebraska Medical Center
Omaha, Nebraska

University of Nevada - Reno
Reno, Nevada

University of New England-Westbrook Campus
Portland, Maine

University of New Hampshire
Durham, New Hampshire

University of North Carolina-Chapel Hill
Chapel Hill, North Carolina

University of North Carolina -Wilmington
Wilmington, North Carolina

University of North Carolina-Charlotte
Charlotte, North Carolina

University of North Dakota
Grand Forks, North Dakota

University of North Florida
Jacksonville, Florida

University of Oklahoma
Oklahoma City, Oklahoma

University of Pennsylvania
Philadelphia, Pennsylvania

University of Phoenix
Phoenix, Arizona

University of Rhode Island
Kingston, Rhode Island

University of Rochester
Rochester, New York

University of Scranton
Scranton, Pennsylvania

University of South Alabama
Mobile, Alabama

University of South Carolina
Columbia, South Carolina

University of South Florida
Sarasota, Florida

University of Southern California
Los Angeles, California

University of Southern Mississippi
Hattiesburg, Mississippi

University of Southwestern Louisiana
LaFayette, Louisiana

University of Tampa
Tampa, Florida

University of Tennessee-Chattanooga
Chattanooga, Tennessee

University of Texas-Arlington
Arlington, Texas

University of Texas-Brownsville
Brownsville, Texas

University of Texas-El Paso
El Paso, Texas

University of Texas at Tyler
Tyler, Texas

University of Texas Health Science Center-San Antonio
San Antonio, Texas

University of Texas-Galveston
Galveston, Texas

University of Texas Health Sciences Center-Houston
Houston, Texas

University of Tulsa
Tulsa, Oklahoma
University of Utah
Salt Lake City, Utah

University of Virginia
Charlottesville, Virginia

University of Washington - Bothell Branch
Seattle, Washington

University of Washington - Tacoma Branch
Tacoma, Washington

University of Washington
Dept of Psychosocial
Seattle, Washington

University of Washington
Seattle, Washington

University of West Florida
Pensacola, Florida

University of Wisconsin-Oshkosh
Oshkosh, Wisconsin

University of Wisconsin
Milwaukee, Wisconsin

University of Wisconsin-Eau Claire
Eau Claire, Wisconsin

University of Wisconsin-Milwaukee
Milwaukee, Wisconsin

University of Wyoming
Laramie, Wyoming

University of York, UK
Seattle, Washington

University of South Carolina-Spartanburg
Spartanburg, South Carolina

University of Texas-Pan American
Edinburg, Texas

Vail Program of Nursing
Charlotte, North Carolina

Valdosta State University
Valdosta, Georgia

Valparaiso University
Valparaiso, Indiana

Villa Maria School of Nursing-Erie
Erie, Pennsylvania

Villanova University
Villanova, Pennsylvania

Washburn University
Topeka, Kansas

Washington State University
Spokane, Washington

Weber State University
Ogden, Utah

Webster University
St. Louis, Missouri

West Suburban & Concordia University
Oak Park, Illinois

West Suburban College of Nursing
Chicago, Illinois

West Virginia
Morgantown, West Virginia

Western Connecticut State University
Danbury, Connecticut

Western Kentucky University
Owensboro, Kentucky

Western Michigan University
Kalamazoo, Michigan

Westminster College of Salt Lake City
Salt Lake City, Utah

Wichita State University
Wichita, Kansas

Widener University
Chester, Pennsylvania

Wilkes University
Wilkes-Barre, Pennsylvania

William Jewell College
Liberty, Missouri

William Paterson College
Wayne, New Jersey

William Rainey Harper College
Arlington Heights, Illinois

Wilmington College
New Castle, Delaware

Winona State University
Winona, Minnesota

Winston-Salem State University
Winston-Salem, North Carolina

Wright State University
Dayton, Ohio

Xavier University
Cincinnati, Ohio

York College of Pennsylvania
York, Pennsylvania

Professional Organizations that Participated in the Regional Meetings (N=23)[1]

AANA Council on Accreditation
Park Ridge, Illinois

Alabama Board of Nursing
Montgomery, Alabama

American Association of Critical Care Nurses
Aliso Viejo, California

American Association of Occupational Health
Bellevue, Washington

American Nurses Association
Washington, District of Columbia

Association of Operating Room Nurses
San Francisco, California

Board of Nurse Examiners for State of Texas
Austin, Texas

Department of Health and Human Services
Rockville, Maryland

Department of Veterans Affairs
Washington, District of Columbia

Illinois Department of Professional Regulation
Chicago, Illinois

Kansas Organization of Nurse Leaders
Wichita, Kansas

Louisiana State Board of Nursing
Metairie, Louisiana

Missouri State Board of Nursing
Jefferson City, Missouri

North Carolina Board of Nursing
Raleigh, North Carolina

New Jersey Board of Nursing
Newark, New Jersey

National Council of State Boards of Nursing
Chicago, Illinois

National Student Nurses Association
New York, New York

New Hampshire Board of Nursing
Concord, New Hampshire

Office of the Naval Medical Inspector General
Bethesda, Maryland

Oklahoma Area Indian Health Service
Oklahoma City, Oklahoma

Oncology Nursing Society
Pittsburgh, Pennsylvania

Texas Nurses Association
Austin, Texas

Washington State Nurses Assoc.
Seattle, Washington

---

1 These organizations were officially represented at one or more of the regional meetings. Many other organizations had members or representatives that participated in the meetings. Inclusion on this list is not intended to imply endorsement of this document.

Health Care Systems that Participated in the Regional Meetings (N=19)

Chicago Public School System
Chicago, Illinois

Department of Veterans Affairs
Medical Center
Lake City, Florida

EXXON Co, USA
Galveston, Texas

Group Health Cooperative of
Puget Sound
Seattle, Washington

Hays Medical Center
Hays, Kansas

Henry Ford Health System
Detroit, Michigan

Illinois Masonic Hospital
Chicago, Illinois

Methodist Hospitals
Dallas, Texas

National Institute of Health
Bethesda, Maryland

Presbyterian Hospital of Dallas
Dallas, Texas
Providence Hospital
Issaquah, Washington

Rush Presbyterian St. Lukes
Medical Center
Naperville, Illinois

Sentara Health System
Chesapeake, Virginia

Shands Hospital at the University of
Florida
Gainesville, Florida

St. Francis Hospital and
Medical Center
Hartford, Connecticut

St. Joseph Hospital
Houston, Texas

United States Navy Naval Medical
Center
Portsmouth, Virginia

University Hospital
San Antonio, Texas

USAF
UC, Texas

Appendix C
Nursing Skills Project Members

Linda Jensen, MSN, RN
Director, Distance Learning
Kaiser Permanente
Oakland, California

Marcey Jorgensen, RN
Director, Nursing Development & Resources
University of Wisconsin Hospitals and Clinics
Madison, Wisconsin

Kathy Karpiuk, MNE, RN
Education Specialist,
Nursing Projects
Sioux Valley Hospital
Sioux Falls, South Dakota

Kathy Langer, MSN, RN
Education and Work Redesign Coordinator
Shands at the University of Florida
Gainesville, Florida

Kathleen Ann Long, PhD, RN, CS, FAAN
Dean, College of Nursing
University of Florida
Gainesville, Florida

Sharon K. Mailey, PhD, RN
Brigadier General, USAFR, NC
Federal Nursing Services Council
Washington, District of Columbia

Rita Martin, MSN, RNC
Community Health Nursing
Texas Woman's University
Denton, Texas

Roberta McGregor, EdD, MSN, RN,C, CS
Education Coordinator at INOVA Fairfax Hospital
Falls Church, Virginia

Phyllis West, MSN, RN
Nurse Manager
Beth Israel Deaconess Medical Center
Boston, Massachusetts

Staff

Martha Mihaly
Special Projects Manager

Joan M. Stanley, PhD, RN, CRNP
Director of Education Policy

American Association
of Colleges of Nursing

One Dupont Circle, NW, Suite 530
Washington, DC 20036
(202) 463-6930
FAX: (202) 785-8320
http://www.aacn.nche.edu

BEST COPY AVAILABLE